



# KANSAS WIC VENDOR APPLICATION PACKET

Kansas Department of Health and Environment  
Bureau for Children, Youth and Families  
Nutrition and WIC Services





# K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

## DEPARTMENT OF HEALTH AND ENVIRONMENT

Dear Prospective WIC Vendor:

Thank you for your interest in becoming a vendor for the Kansas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program). This packet includes the WIC Evaluation and Selection Criteria, a list of county designations, Minimum Stock Requirements (for urban and rural counties), a Vendor Application and a Vendor Price Survey. In order to expedite the application process, a Kansas WIC Program Vendor Participation Contract is included in this mailing.

It is important that you read all information before signing the appropriate documents. If you are approved as a WIC vendor you will be held accountable to all WIC vendor requirements.

To be considered for approval as a WIC vendor, complete and return the Vendor Application and the Vendor Price Survey and the Vendor Participation Contract. Please note all information is required on the application. If a question on the application does not apply to you, please mark it with N/A. If you fail to provide information or fail to explain that it does not apply, your application will be delayed. Each page of the Vendor Participation Contract needs to be initialed and the back page signed.

The State WIC Agency will determine if information provided on the application meets WIC vendor preliminary approval criteria. If the preliminary criteria are met, the Local WIC Agency will then conduct an on-site evaluation.

The final decision to approve or deny your application rests with the State WIC Agency and you will be notified of the final decision. If approved, you will receive a welcome packet along with a copy of the signed Vendor Participation Contract.

Please feel free to contact me if you have questions or concerns. You can reach me by phone at (785) 296-1327 or email questions to [sfry@kdhe.state.ks.us](mailto:sfry@kdhe.state.ks.us). Again, thank you for your interest in becoming a WIC vendor.

Sincerely,

A handwritten signature in cursive script that reads "Sandi Fry".

Sandi Fry, Vendor Manager  
Nutrition & WIC Services

## Kansas WIC Program Evaluation and Selection Criteria<sup>1</sup>

The following criteria are listed in order of importance.

1. Vendors must be a full-line retail grocery store that derives more than 50% of its gross sales from grocery sales.
  - Full-line retail grocery stores are defined as businesses that derive more than 50% of its gross sales from grocery sales and regularly stock the following staple food items: fresh or frozen uncooked meats and poultry (prepackaged luncheon meats and prepared foods do not qualify); fresh produce such as raw fruits and vegetables; canned and frozen vegetables; fresh dairy products; cereals and breadstuffs; and infant formula.  
*Note: Military Commissaries are full-line grocery stores.*
2. The vendor must provide foods from a stationary location, have a minimum food sales area of 2,000 square feet or more and be accessible to clients with disabilities.
3. The vendor must not currently be disqualified from participating in the Food Stamp Program.
4. The vendor must maintain a minimum stock of WIC approved foods. Minimum stock is defined as a sufficient quantity and variety of WIC foods to equal or exceed the established WIC minimum stock requirements as set by the State Agency.
5. At the time of application or contract renewal, the vendor's prices must compare favorably with the average prices established for the peer group the vendor would be placed in.
6. Vendors must produce a dated cash register receipt to document each sale.
7. The SA will consider business integrity when determining eligibility for selection as a vendor. Activities indicating a lack of business integrity include, but are not limited to the following:
  - Fraud;
  - Antitrust violation;
  - Embezzlement, theft, or forgery;
  - Bribery;
  - Falsification or destruction of records;
  - Making false statements or claims;
  - Receiving stolen property;
  - Obstruction of justice;
  - Other evidence reflecting on the business integrity and reputation of the applicant;
  - Arson;
  - Conspiracy; or
  - Official records of removal from any federal, state or local programs.

The SA will not contract with any vendor that has been currently disqualified from an USDA Food and Nutrition Services (FNS) program during the last six (6) years or if any of the vendor applicant's current owners, officers, or managers have civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity. The SA shall determine which offenses apply. The vendor must have and maintain a positive compliance history with any and all FNS programs, if currently or formerly a vendor for those programs.

1. This is an abbreviated listing of the Evaluation and Selection Criteria. This listing includes only the criteria for new applicant vendors. For a full listing of the Evaluation and Selection Criteria, please refer to the Kansas WIC Program's Policy and Procedure Manual policy VEN 02.01.00.

## Designation of Kansas Counties

### Rural Counties

Anderson	Marshall
Barber	Meade
Brown	Mitchell
Chase	Morris
Chautauqua	Morton
Cheyenne	Nemaha
Clark	Ness
Clay	Norton
Cloud	Osborne
Coffey	Ottawa
Comanche	Pawnee
Decatur	Pawnee
Edwards	Phillips
Elk	Pratt
Ellsworth	Rawlins
Gove	Republic
Graham	Rice
Grant	Rooks
Gray	Rush
Greeley	Russell
Greenwood	Scott
Hamilton	Sheridan
Harper	Sherman
Haskell	Smith
Hodgeman	Stafford
Jackson	Stanton
Jewell	Stevens
Kearney	Thomas
Kingman	Trego
Kiowa	Wabaunsee
Lane	Wallace
Lincoln	Washington
Linn	Wichita
Logan	Wilson
Marion	Woodson

### Urban Counties

Allen  
Atchison  
Barton  
Bourbon  
Butler  
Cherokee  
Cowley  
Crawford  
Dickinson  
Douglas  
Doniphan  
Ellis  
Finney  
Ford  
Franklin  
Geary  
Harvey  
Jefferson  
Johnson  
Labette  
Leavenworth  
Lyon  
McPherson  
Miami  
Montgomery  
Neosho  
Osage  
Pottawatomie  
Reno  
Riley  
Saline  
Sedgwick  
Seward  
Shawnee  
Sumner  
Wyandotte

Counties were divided into two geographical groups based on specific peer grouping information generated by the Kansas WIC program to ensure vendors are grouped with like vendors.

The Kansas Department of Health and Environment, Office of Local and Rural Health provided the original data. The original break down, including 5 groupings of counties based on population (Frontier, Rural, Densely-Settled Rural, Semi-Urban and Urban), can be found in the 2004 Annual Summary of Vital Statistics for Kansas.

## MINIMUM STOCK REQUIREMENTS

### For Kansas WIC Vendors located in URBAN counties

In order to meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your LA for exemption requirements for infant formula.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
<b>Infant Formula</b>			
<b>Milk Based, Iron Fortified</b>			
Enfamil w/Iron	Powder	14.3 oz cans	18 cans
Enfamil LIPIL w/Iron	Powder	12.9 oz cans	18 cans
Enfamil Gentlease	Powder	12 oz cans	24 cans
Enfamil w/Iron	Concentrate	13 oz cans	70 cans
Enfamil LIPIL w/Iron	Concentrate	13 oz cans	70 cans
<b>Soy Based, Iron Fortified</b>			
Prosobee LIPIL	Powder	12.9 oz cans	18 cans
Prosobee LIPIL	Concentrate	13 oz cans	70 cans
<b>Milk Based Lactose Free</b>			
Enfamil Lactofree LIPIL	Powder	12.9 oz cans	18 cans
Enfamil Lactofree LIPIL	Concentrate	13 oz cans	70 cans
<b>Milk</b>			
Whole	1 brand	Half-gallon and gallon	2 half gallons 14 gallons
Low fat/skim	1 brand	Half-gallon and gallon	2 half gallons 14 gallons
Lactose Free	2 brands	Quarts or Half-gallon	60 quarts or 30 half gallons
<b>Cheese (see WIC Approved Food List)</b>			
Least expensive brand	2 varieties	16 oz package	6 lbs each variety
<b>Eggs</b>			
Large, Grade A or AA	1 brand	1 dozen	4 dozen
<b>Juice (see WIC Approved Food List)</b>			
Ready to drink, cans/plastic bottles	2 flavors	46 oz container	7 containers each variety
Concentrate, frozen or shelf stable	2 flavors	11.5-12 oz package	7 containers each variety
<b>Cereal</b>			
Infant	2 varieties (rice + 1)	8 oz box	4 boxes each variety
Child or Adult	4 varieties	9 oz or larger package	2 packages each variety
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	18 oz jar	2 jars
<b>Dried Beans, Peas or Lentils</b>			
Least expensive brand	1 brand	Packages up to 16 oz	2 packages
<b>Tuna, chunk light</b>			
Oil packed	1 brand	5 ½ - 6 ½ oz cans	8 cans
Water packed	1 brand	5 ½ - 6 ½ oz cans	8 cans
<b>Carrots</b>			
Fresh, whole	1 brand	1 lb package	4 lbs

Least expensive brand is defined as the least expensive brand on the shelf at the time of purchase. This includes the following items: milk, cheese, eggs, dried beans, peas or lentils, infant cereal, tuna and carrots.

## MINIMUM STOCK REQUIREMENTS

### For Kansas WIC Vendors located in **RURAL** counties

In order to meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your LA for exemption requirements for infant formula.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
<b>Infant Formula</b>			
<b>Milk Based, Iron Fortified</b>			
Enfamil w/Iron	Powder	14.3 oz cans	9 cans
Enfamil LIPIL w/Iron	Powder	12.9 oz cans	9 cans
Enfamil Gentlease	Powder	12 oz cans	12 cans
Enfamil w/Iron	Concentrate	13 oz cans	35 cans
Enfamil LIPIL w/Iron	Concentrate	13 oz cans	35 cans
<b>Soy Based, Iron Fortified</b>			
Prosobee LIPIL	Powder	12.9 oz cans	9 cans
Prosobee LIPIL	Concentrate	13 oz cans	35 cans
<b>Milk Based Lactose Free</b>			
Enfamil Lactofree LIPIL	Powder	12.9 oz cans	9 cans
Enfamil Lactofree LIPIL	Concentrate	13 oz cans	35 cans
<b>Milk</b>			
Whole	1 brand	Half-gallon and gallon	1 half gallon 7 gallons
Low fat/skim	1 brand	Half-gallon and gallon	1 half gallon 7 gallons
Lactose Free	2 brands	Quarts or Half-gallons	30 quarts or 15 half gallons
<b>Cheese (see WIC Approved Food List)</b>			
Least expensive brand	2 varieties	16 oz package	3 lbs each variety
<b>Eggs</b>			
Large, Grade A or AA	1 brand	1 dozen	2 dozen
<b>Juice (see WIC Approved Food List)</b>			
Ready to drink, cans/plastic bottles	2 flavors	46 oz container	3 containers each variety
Concentrate, frozen or shelf stable	2 flavors	11.5-12 oz package	3 containers each variety
<b>Cereal</b>			
Infant	2 varieties (rice + 1)	8 oz box	2 boxes each variety
Child or Adult	4 varieties	9 oz or larger package	1 package each variety
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	18 oz jar	1 jar
<b>Dried Beans, Peas or Lentils</b>			
Least expensive brand	1 brand	Packages up to 16 oz	1 package
<b>Tuna, chunk light</b>			
Oil packed	1 brand	5 ½ - 6 ½ oz cans	4 cans
Water packed	1 brand	5 ½ - 6 ½ oz cans	4 cans
<b>Carrots</b>			
Fresh, whole	1 brand	1 lb package	2 lbs

Least expensive brand is defined as the least expensive brand **on the shelf at the time of purchase**. This includes the following items: milk, cheese, eggs, dried beans, peas or lentils, infant cereal, tuna and carrots.

Complete and mail to:  
KDHE  
Bureau for Children, Youth and Families  
Nutrition and WIC Services  
1000 SW Jackson, Suite 220  
Topeka, Kansas 66612

WIC OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Store Type: ☐ Full Line Grocery  
☐ Pharmacy

Vendor Identification Number: \_\_\_\_\_

## Vendor Application

Please answer all questions and sign.  
Incomplete applications will not be processed.

Submission of this application does not constitute authorization to participate in the Kansas WIC Program. This application is not a contract. Participation in the Kansas WIC Program will not be authorized until all required materials have been received, evaluated and approved.

*The WIC Program is an equal opportunity program and may not discriminate on the basis of race, color, disability, age, national origin, or gender.*

Type of Application: ☐ NEW – complete entire application  
☐ Change of Ownership – complete entire application  
☐ Change of Store Location – complete store information only

### STORE INFORMATION

1. Store Name and Number (if applicable): \_\_\_\_\_
2. Physical Location: \_\_\_\_\_
3. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_
5. Mailing Address (if different): \_\_\_\_\_
6. City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Number of cash registers: \_\_\_\_\_ Number of cashiers: \_\_\_\_\_
8. Square footage of food sales area: \_\_\_\_\_ Does your store use scanners? ☐ Yes ☐ No
9. If scanners are used, are they programmable to identify WIC allowed foods? ☐ Yes ☐ No
10. Federal Taxpayer ID Number (9 digit TIN #): \_\_\_\_-\_\_\_\_-\_\_\_\_

11. Hours of business: Sunday \_\_\_\_\_  
Monday – Friday \_\_\_\_\_  
Saturday \_\_\_\_\_

12. Have you ever been disqualified from the Food Stamp Program: ☐ Yes ☐ No

13. Are you an authorized Food Stamp vendor? ☐ Yes ☐ No

If yes, authorization number: \_\_\_\_\_

Food Stamp Program application pending ☐ Yes ☐ No

14. Store Manager: \_\_\_\_\_

Store Trainer: \_\_\_\_\_

### OWNER INFORMATION

15. The legal structure of this business is: ☐ Corporation ☐ Co-operative  
☐ Limited Liability Company ☐ Partnership  
☐ Sole Proprietorship ☐ Other: \_\_\_\_\_

16. Name of owner(s), partners, or corporate officer(s) responsible for the operation of each store.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

17. If incorporated, name of corporation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_



18. If a new ownership, effective date new ownership takes place: \_\_\_\_\_
19. Are any of the current owners related by blood or marriage to any previous owners? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_
20. Please list other stores in which you have ownership or interest: (add extra page if necessary)
- Store Name: \_\_\_\_\_ Location: \_\_\_\_\_
- Store Name: \_\_\_\_\_ Location: \_\_\_\_\_
21. Have any of the current owners previously operated a retail grocery in Kansas or any other state?  
☐ Yes ☐ No
22. Have the current owners ever participated in the WIC program? ☐ Yes ☐ No
23. Have the current owners ever been associated with this or any other store that was suspended or disqualified from the WIC Program or Food Stamp Program? ☐ Yes ☐ No
24. In the past 6 years have the current owners, officers or managers of this business been convicted of, or have a civil judgment for: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No
25. If this is a change of ownership from a previous WIC vendor, please complete the following:
- Previous owners name: \_\_\_\_\_
- Previous store name: \_\_\_\_\_
- Date of purchase from previous owner: \_\_\_\_\_

#### WHOLESALE, DISTRIBUTOR AND/OR RETAILER INFORMATION

26. Provide name(s) and address(s) of wholesaler(s) or supplier(s) of infant formula (attach most recent invoice showing Enfamil LIPIL powder).
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

### FINANCIAL INFORMATION

27. Provide annual gross sales for the store's most current fiscal year: \_\_\_\_\_

28. Dates (month/day/year or Fiscal Year) for the above figures: \_\_\_\_\_

29. Will the store derive over 50% of revenue from WIC purchases? ☐ Yes ☐ No

### GENERAL VENDOR INFORMATION

30. Does your staff need written material or verbal communication about WIC in a language other than English? ☐ Yes ☐ No

31. Does your store provide service to customers using a language other than English? ☐ Yes ☐ No  
If yes, what language(s) \_\_\_\_\_

I understand that, if this application is approved and a WIC contract is subsequently entered into with the State of Kansas, said contract will be rendered null and void by a change of ownership of the store. Also, the State Agency reserves the right not to renew the contract.

I certify that all information submitted on this form is accurate and complete, and that I will be bound by WIC procedures and requirements set forth in the WIC Vendor Contract, the Vendor Procedures Manual and other WIC materials provided to me.

I further certify that:

I understand that this application does not guarantee selection and authorization to participate in the WIC program, and that I am financially liable for any WIC checks accepted prior to authorization.

This store, including all employees, will comply with program regulations and guidelines, and that the State Agency can revoke my authorization to participate if there is noncompliance by any of the store's employees.

Appropriate employees will attend training sessions when requested to do so by the State or Local WIC Agency.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**State Agency use only:**

Projected Peer Group: _____	YES	NO
Does the vendor's prices compare favorably with similar vendors?	<input type="checkbox"/>	<input type="checkbox"/>
All documentation requested from application process received?	<input type="checkbox"/>	<input type="checkbox"/>
Criteria Checklist completed and attached?	<input type="checkbox"/>	<input type="checkbox"/>

Final Decision: ☐ Award Contract ☐ Deny Application

SA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Vendor Price Survey

Please complete and return with application.

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### SECTION I:

A price is required for each item - *USE THE LEAST EXPENSIVE BRAND FOR REPORTING PRICING*

		State Use			State Use
Milk, whole, 1 gallon	\$		Tuna, 5.5 to 6.5 oz can	\$	
Eggs, grade AA, 1 dozen	\$		Peanut Butter, 18 oz jar	\$	
Milk, lactose free, 1 quart	\$		Enfamil Lactofree LIPIL powder 12.9 oz can	\$	
Cheese, cheddar, 16 oz	\$		Enfamil LIPIL w/Iron powder 12.9 oz can	\$	
Juice, 46 oz container	\$		Enfamil w/Iron concentrate 13 oz can	\$	
Carrots, 1 lb bag	\$		Infant cereal, plain, 8 oz box	\$	

### SECTION II: List prices if you carry the brand and the size.

		State Use			State Use
General Mills Cheerios 15 oz	\$		Quaker Life 15 oz	\$	
Post Grape Nuts 16 oz	\$		Quaker Instant Grits – Regular 12 oz	\$	
Post Honey Bunches of Oats – Honey Roasted 21 oz	\$		Post Honey Bunches of Oats – Almonds 21 oz	\$	
Kellogg's Corn Flakes 18 oz	\$		Nabisco Cream of Wheat 1 minute 28 oz	\$	
Kellogg's Frosted Mini- Wheats Bite Size 20.4 oz	\$		Kellogg's Frosted Mini-Wheats Original 16 oz	\$	

State Agency use only:

Peer Group pricing used: \_\_\_\_\_